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Beaufort First Facility To Get Vulnerability Assessment

By Patricia M. Binns, Naval Hospital Beaufort, S.C.

BEAUFORT, S.C. - Naval Hospital Beaufort hosted Navy Medicine Office of Homeland Security's Disaster Vulnerability Assessment Training Exercise (DVATEX) team earlier this month, the first facility to be assessed on its readiness to respond to all aspects of emergencies.

The assessment included two days of training focused on a review of the hospital's emergency management plan and interviews with various members of the command about their respective roles in a disaster. The following two days focused on ensuring preparedness of hospital leadership in responding to chemical, biological, radiological, nuclear, and high yield explosives. On the final day, the DVATEX team presented a disaster scenario to members of the hospital staff and received feedback on response options.

DVATEX project manager Cmdr. Reginald McNeil, Medical Service Corps, stressed that the purpose of the team's visit was to assist the hospital with disaster response preparedness.

"This is not an inspection," he said, "but a review of where (Beaufort) is in the planning process."

"I'm glad they came," said Lt. Steve Carter, Medical Service Corps, Beaufort's command emergency manager. "We learned a lot about our plan, and what areas we need to focus on more."

According to Carter, community participation by the fire and police departments and local emergency medical services on the last day was beneficial in designing a fully integrated plan.

At the conclusion of the five-day review, Beaufort was pleased to learn their emergency management plan was given a thumbs-up by the entire DVATEX team.

"I feel like a big weight was lifted from our shoulders, knowing that we're ready," said Hospital Corpsman 1st Class Evelyn Triana, Beaufort's assistant emergency manager said. "I'm happy that we succeeded in such a short time to get a total plan together for the team to review."

The DVATEX team plans to visit 32 major medical facilities to assist them in preparing their disaster planning. The next visit is to Naval Hospital Bremerton, Wash.; followed by the Naval Ambulatory Care Centers at Newport, R.I., and Groton, Conn.; U.S. Naval Hospital Okinawa; and National Naval Medical Center Bethesda.

"After we visit these six locations we're going to take a month long break to analyze the information, to see if there are common strengths or weaknesses among the facilities," said McNeil. "We're learning as much from the hospitals as I believe they are from us."

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Navy Medicine Facilities Act On NDMS Activation

From Bureau of Medicine and Surgery Public Affairs

WASHINGTON, DC - Navy Medicine Office of Homeland Security has put out the word to its Federal Coordinating Centers - the National Disaster Medical System is activated. Count your inpatient beds and report to the Global Patient Movement Reception Center (GPMRC).

The assistant secretary for public health emergency preparedness activated the system last week as a shakedown exercise in the event of an actual need to use NDMS assets. It is a federally coordinated system that augments the nation's emergency medical response capability. Navy Medicine's military treatment facilities are important assets in responding to the needs of state and local authorities in dealing with medical and health effects of major peacetime disasters - such as a terrorist attack - and in caring for casualties evacuated back to the U.S. from overseas armed conflicts.

"As good as Navy Medicine's planning is, a shakedown activation allows us to fine-tune our readiness," said Rear Adm. Philip VanLandingham, Medical Service Corps, director of Navy Medicine's Office of Homeland Security. "There's wisdom in taking every opportunity to exercise and stay prepared."

Nine of Navy's MTFs are Federal Coordinating Centers: National Naval Medical Center Bethesda, Md.; Naval Medical Centers San Diego and Portsmouth, Va.; Naval Hospitals Camp Pendleton, Calif., Great Lakes, Ill.; Jacksonville, Fla., and Charleston, S.C.; and Naval Ambulatory Care Clinic Newport, R.I.; and Naval Ambulatory Care Centers Groton, Conn., and Newport, R.I.

At activation, all of Navy Medicine's military treatment facilities involved with NDMS responded immediately to the GPMRC. MTFs will continue to report each Friday morning with the bed count as of midnight the night before, as long as the NDMS is activated, or unless there is an actual event that involves patient movement. Reports would then be required daily.

Federal agencies that coordinate the NDMS are the Federal Emergency Management Agency (FEMA), the Department of Defense (DoD), the Veterans Administration (VA) and the Department of Health and Human Services (HHS).

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FBI Honors Navy Doc For Anthrax Detection Assistance  
From Bureau of Medicine and Surgery Public Affairs

WASHINGTON, DC - Capt. James P. Burans, Medical Service Corps, was honored by the Federal Bureau of Investigation at a downtown ceremony last week for his help during last year's anthrax attacks.

He assisted the FBI as a scientific consultant on the analysis of anthrax contained in letters mailed in

the U.S.

Burans, who is now the Officer in Charge of Naval Medical Research Center's detachment in Peru, and been working on anthrax assays and ways to identify and confirm biological warfare agents since 1990. He also works in developing field deployable infectious disease diagnostics.

"(Working with the FBI) was interesting and challenging work, with long hours spent analyzing and interpreting data," said Burans.

The Federal Law Enforcement Officer's Association also named Burans Civilian (sic) of the Year for his assistance.

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BUMED Sponsors Disaster Ministry Course  
From Bureau of Medicine and Surgery Public Affairs

WASHINGTON, DC - The Bureau of Medicine and Surgery's (BUMED) Office of Pastoral Care, in collaboration with the Navy Medicine Office of Homeland Security, is sponsoring the military's first multi-agency course in disaster ministry.

"This course will focus on the role of military chaplains in disaster response under the Federal Response Plan," said Capt. Jane Vieira, Chaplain Corps, special assistant for pastoral care at BUMED. "More than in any time in our history, military chaplains may be called to respond to crises on American soil, which calls for an understanding of our role in homeland security in a multi-agency context of ministry."

Speakers will include chaplains from the Joint Chiefs of Staff and Northern Command, as well as representatives from the Federal Emergency Management Agency, Federal Bureau of Investigation, and American Red Cross. Subjects will include the psychology of terrorism, disaster mental health and crisis ministry.

The course is March 24-27, 2003. Chaplains within the Bureau of Medicine and Surgery's claimancy have first priority. Other chaplains are welcome as space permits.

For more information and to register for the course, visit Navy Medicine's Multi-Agency Course in Disaster Ministry website, [bumed.med.navy.mil/disasterministry\\_course/](http://bumed.med.navy.mil/disasterministry_course/).

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Great Lakes Institute A Validation Lab for CDC  
By Judy Lazarus, Naval Training Center Great Lakes, Ill.

GREAT LAKES, Ill. - The Naval Institute for Dental and Biomedical Research (NIDBR) at Great Lakes is partnering with the Centers for Disease Control to provide quality control on anthrax antibody standards. It's one of only six labs in the nation CDC works with to provide this validation.

"We've been comparing our tests with theirs," said Cmdr. Linda Lininger, Medical Service Corps, of the applied laboratory sciences department at NIDBR. "They are heavily involved in anthrax vaccine studies, overseeing human and animal research, and are working on development of a new generation of vaccine."

The CDC is an expert in measuring antibody response to anthrax vaccine. One of its most powerful tools is the Enzyme-Linked Immunosorbent Assay (ELISA), which is the gold-standard procedure to measure antibodies.

"We are now using their ELISA procedure," said Lininger. "In addition, we will be working in collaboration with the CDC on validating NIDBR's prototype test results for saliva testing. We're helping them and they're helping us."

NIDBR's saliva test, now under development, is a painless, quick test to check anthrax antibody levels after receiving the anthrax series of inoculations. An advantage of monitoring anthrax antibodies levels in an individual with the simple, inexpensive saliva test is that if it shows levels high enough, the whole series of six shots may not be necessary. Conversely, if, after six shots the levels aren't high enough to protect against the disease, additional shots may be needed.

Lininger's department has been working on salivary diagnostics for the past three years. The department has been working on saliva tests for other diseases besides anthrax, including tuberculosis. The saliva tests has a great advantage over tests used today as it requires only a little saliva and the results are available in 10 minutes. Also, non-health care professionals can easily be trained to administer the test. It could be readily used in far-forward deployed areas.

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Naval Hospital Charleston Offers Doula Services  
By Lt. Cmdr. Yvette Smith-Simon, Nurse Corps, and Lt. Becky Schmiling, Nurse Corps, Naval Hospital Charleston, S.C.

CHARLESTON, S.C. - Naval Hospital Charleston's obstetrics and gynecological clinics may be the Navy's first facilities to offer doula, or childbirth assistant, support to expectant mothers.

Doulas are specially trained healthcare providers who offer physical, emotional and informational support to an expectant mother and her support team during labor, delivery and the immediate postpartum period.

Studies show a doula's presence at birth helps women have shorter labors, fewer medical interventions, fewer cesareans, and improved newborn outcome. Mothers also report greater satisfaction with their experience, and fathers tend to stay more engaged with their partner during the birthing process. Doulas don't take the

place of the father or other support friends and family. Instead, their role is to support the laboring woman.

Charleston recognized that military moms, who may be separated from their husbands and other family members, might especially benefit from doula support. But women who have a local support group still benefits from the assistance of a doula.

Charleston has six hospital corpsmen trained by a certified doula instructor. They rotate duty providing 24/7 coverage for patients requesting support. About 20 percent of Charleston's maternity patients request the service.

Hospital Corpsman Vicki Godby, who is a doula, recently supported one woman in an ambulance enroute to the hospital. She stayed with her through a cesarean section and the immediate post partum period. The new mom praised Godby, saying she "could not have imagined making it through the experience without her."

"I felt very well trained and knew how to help in that difficult situation," said Godby. "It's been a great experience and I think I have been a good asset."

Doula services at Charleston are free. Civilian facilities may charge up to \$1,000 for the same services.

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Everyone Counts - DOD, Navy Aims for Fewer Suicides  
By Sgt. 1st Class Doug Sample, U.S. Army, American  
Forces Press Service

WASHINGTON, DC - The rate of suicides in the military has declined in recent years to 12 per 100,000 - two-thirds the national average. But that's still not good enough for Department of Defense healthcare officials.

During an open forum Nov. 19 at the Marine Corps' Henderson Hall in Arlington, Va., Army, Air Force and Navy representatives joined a panel of mental health experts to begin planning a yearlong campaign aimed at reducing suicides in the military even further.

"Just because we've been successful doesn't mean we stop focusing on the problem," said Air Force Lt. Col. Rick Campise, suicide prevention manager and consultant to the Air Force Surgeon General. "If we become complacent, we're only inviting suicide rates to go back up again."

Army Lt. Col. Elspeth Ritchie, program director of Mental Health Policy and Women's Issues, Office of the Assistant Secretary of Defense for Health Affairs, said forum participants would analyze military suicide prevention programs and determine their effectiveness.

"The suicides numbers have gone down because all the services have (been using) very aggressive suicide prevention programs," Ritchie said. "The focus of the forum will be to look at each service's programs and

come up with a 'unified approach' to suicide prevention."

DoD statistics show the Air Force as having one of the more successful prevention programs among the services. Between 1991 and 2001, the suicide rate among airmen fell from a high of 15.9 per 100,000 in 1994 to 5.6 per 100,000 in 1999.

Campise, who unveiled the Air Force's latest tool in preventing suicides, an interactive Web site, credited the decline in suicides among airmen to leadership and community involvement.

"Our program's success lies in the fact that every single person in the Air Force is a suicide-prevention manager," he explained. "From the chief of staff on down, the internal message is to take care of our people."

Navy Lt. Cmdr. Kevin Kennedy, Medical Service Corps, behavioral health section head, Naval Personnel Command, Millington, Tenn., has seen similar success among Marines and Sailors. He reported that the suicide rate among Navy personnel in 2001 was 10.4 per 100,000, the lowest in a decade.

"We can't say that our training has caused the low ratio, but we can say that it correlates with the low rate of suicide among our Sailors and Marines. And that leads us to think we are doing something right," Kennedy said. He noted that the Navy's plan stresses the importance of getting help immediately, notifying command leaders, and individual responsibility.

"With increased emphasis on prevention, we feel our number of suicides will remain low," Kennedy said.

Meanwhile, the Army, working with John Hopkins University of Baltimore and Living Works Education, a Canadian-based public-service company, plans to extend its "Applied Suicide Intervention Skills Training," or ASIST, to all soldiers.

The training, which is being conducted in workshops Army-wide, gives soldiers at risk for suicide the confidence and tools for immediate life-saving actions, said Army Lt. Col. Jerry Swanner, a suicide prevention program manager at the Pentagon.

"ASIST trains laypeople, professionals - basically anyone - in how to estimate the risk of suicide in an individual and then apply an intervention model when appropriate," Swanner explained. "We recognize that we will not prevent every suicide; however, our purpose is to minimize the risk."

Ritchie said the forum would also address how to provide suicide prevention and intervention for National Guard and Reserve members.

Regardless of the strategy, major parts of the campaign will focus on educating service members that suicide is preventable and to teaching them what signs and symptoms to look for, she said.

Those signs include depression, alcohol abuse, and family issues due to frequent deployments, retirement or loss of military careers, Ritchie said. Other warning signs to look for include decreased ability to concentrate, a change in appetite or sleep, irritability, loss of energy, and feelings of guilt, she added.

"The important thing for someone to do if he notices these factors is to ask, 'What's going on, what's wrong?' It never hurts to ask," she said.

Ritchie noted the military's current high op-tempo in the war on terrorism, increased deployments and the threat of war seem to have no direct influence on military suicide rates.

"The rates have remained close to the same," she added. There has been a "small fluctuation" in the number of suicides in the past year, she said, but military suicides are still well below the national average.

"Our rates are lower than the civilian world, that's true. But irrespective of our rates being lower, they are still too high," Ritchie said. "Any suicide is going to have a major effect on the unit in terms of people feeling, 'What should I have done?'" In terms of morale, she said, "Everybody is affected. Everybody hurts. So suicides really affect our military readiness as well."

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Bethesda Strategy Reflects Less Talk, More Action  
By Journalist 2nd Class Ellen Maurer, National Naval  
Medical Center Bethesda

BETHESDA, Md. - Webster's dictionary defines "optimization" as a plan to attain the most efficient or optimal system.

Rear Adm. Donald Arthur, Medical Corps, National Naval Medical Center Bethesda's new commander, would like to see optimization actions that would help the medical center and its staff to operate more effectively.

"I'm not talking about doing more with less," said Arthur. "I'm talking about doing better with what we already have."

Arthur says that the key to doing better is resource management, primarily focusing on Navy Medicine's number one resource - its people.

"I know our providers are working long and hard hours. I hear about it from patients all the time," said Arthur. "I can't simply tell them to do more. They must be properly supported with the clinical staff, which will allow providers to concentrate on their patients rather than paperwork."

He said in the past, health care providers have been bogged down with administrative work. Now, many of those tasks are being turned over to administrative



staff members and clinic corpsman.

"This means moving staff from administrative to clinical positions and, perhaps, obtaining more staff with clinical support skills," said Arthur. "I'm starting with my own front office staff. We've combined the commander and deputy commander offices, which will be supported by three staff members rather than the six previously required. The other staff members have been shifted to directly support clinical operations."

Currently, in clinics such as behavioral health, these types of optimization changes are already taking place. Patients are now being asked to make all appointments centrally, rather than through their providers.

Earlier this year, Bethesda established a Call Center, which allows patients to make appointments through one central location. The Call Center is not only convenient for patients, but it also gives clinic staff members more time for patient care and customer service.

"We need to improve every interaction we have with our patients, from the front gate to the appointment clerks," said Arthur. "Their impressions can be solidified by the last thing that happens to them before they leave."

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Bethesda Sailors Help Out Around the House  
By Journalist 2nd Class Sybil McCarrol, National Naval Medical Center Bethesda, Md.

BETHESDA, Md. - Sailors from National Naval Medical Center Bethesda proved how handy they were around the house when they spent a day sprucing up the yard around the Center's Fisher House.

"We helped beautify a place that helps out our fellow shipmates and families when they are in need," said Ship's Serviceman 3rd Class Joseph Connell. "This is just another way to give back to the Navy community."

More than 25 Sailors volunteered to rake the lawn, sweep the parking lot, pick up cigarette butts and other debris, and trim hedges.

The Bethesda Fisher House is one 29 throughout the world. They are gifts to the military by The Fisher House Foundation to provide a low-cost, comforting and comfortable residences to the families of servicemembers undergoing medical treatment for serious illnesses.

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Navy Nurse Editor of Award-Winning Nursing Book  
From Bureau of Medicine and Surgery Public Affairs

WASHINGTON, DC - Cmdr. Mary Chaffee, Nurse Corps, is the deputy director of Navy Medicine's Office of Homeland Security yet despite her busy schedule, has found time to edit an award-winning text book.

"Policy and Politics in Nursing and Health Care" (4th edition) was published in July and in a short time has accumulated three American Journal of Nursing Book of the Year awards.

The book, edited by Chaffee, Dr. Diana Mason and Judith Leavitt, contains contributions from more than 100 nationally prominent nursing leaders, two members of Congress and five Navy medical department officers.

"Nurses and other health care professionals have recognized the value of learning the ropes of policy and politics so they can improve health services through influencing policy - not just in the government but also in the workplace, community and in professional organizations," said Chaffee.

The book focuses on policy analysis, political issues, legislative processes, and leadership roles in policy-making and public health.

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#### Surgeon General Praises NEHC Staff

From Naval Environmental Health Center Portsmouth, Va.  
Public Affairs

Portsmouth, Va. - Vice Adm. Michael L. Cowan, Medical Corps, visited the Navy Environmental Health Center Portsmouth last week, his first official visit since he became the Navy's Surgeon General.

The visit included a brief on NEHC's worldwide activities to ensure Navy and Marine Corps readiness by disease prevention and health promotion. Cowan then toured the facility, speaking with directors about their projects in health promotion, preventive medicine, industrial hygiene, and health risk assessment.

"I am very proud of your professionalism and what you are doing," Cowan told the staff at a gathering after his tour.

After his visit, Cowan headed to Naval Medical Center Portsmouth's change of command ceremony. NEHC recently moved to the medical center's compound from Chesapeake, Va.

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#### Blue Grass State Hosts AMSUS

By Chief Journalist Bill Austin, Naval Health Care  
Support Office Jacksonville, Fla.

LOUISVILLE, Ky. - The Blue Grass State was the stage for Navy and other military medicine professionals to meet and exchange valuable ideas that will ultimately affect the course of federal healthcare.

On Nov. 15, the 108th Association of Military Surgeons of the United States (AMSUS) convened at Louisville's Convention Center for a week long session that covered a wide variety of training topics and "break out" sessions that examined the theme of this years gathering, "Relevant and Reasonable: The Future of

Federal Healthcare."

This role, according to the AMSUS welcome letter by President George W. Bush, includes the current hot issue of homeland security.

"As we engage in the war on terrorism and work to secure our homeland, federal healthcare professionals play a vital role in protecting the well-being of our citizens. Your important work is helping to strengthen public confidence and continues to enhance the safety and security of countless individuals," wrote Bush.

Navy Surgeon General, Vice Adm. Michael Cowan, Medical Corps, echoed the President's message during his opening remarks to AMSUS.

"The Surgeon General is telling us to stay prepared," said one Naval Reservist. "I think that's good advice considering current events."

At the convention center, dozens of displays and medical gadgetry filled the huge room, brought there by military commands from around the country, pharmaceutical companies, and medical supply vendors.

"This conference is a nice stage for meeting up with people, especially from other branches to see how they operate," said Hospital Corpsman 2nd Class Omella Buccino-Jones from Naval Healthcare Support Office (HSO) Jacksonville. Buccino-Jones, and six of her shipmates manned the Centralized Credentialing booth and were able to meet face to face with more than 95 Naval Reserve medical providers out of the hundreds they credential.

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Healthwatch: Protection Is Best Route to Healthy Skin  
By Aveline V. Allen, Bureau of Medicine and Surgery

WASHINGTON, DC - November is Healthy Skin Month and is a reminder not to be fooled by advertisements that claim to "revitalize aging skin" or over-the counter products guaranteed to reduce wrinkles. The best route to healthy skin is to protect it and treat it gently year 'round.

Even during the winter months with their shortened hours of sunlight, you should continue to protect your skin, and the best way to do that is to stay out of the sun, according to experts. The ultraviolet light in the sun damages the cells of the skin, possibly causing skin cancers and premature skin aging. Some early warning signs of possible skin damage include dryness and itching.

In addition to sun exposure, some other causes of skin damage or irritation include overuse of certain types of soap, antiperspirants, perfumes, dehydration, smoking, stress, and an unhealthy diet.

"Antiperspirants and perfumes can sometimes cause allergic reaction in the skin and should be discontinued if you suspect a contact dermatitis (skin irritation) from those products," said Capt. Timothy J. Curtin,

Medical Corps, head of the dermatology department at National Naval Medical Center (NNMC) Bethesda, Md.

The weather also may play a major role in skin damage. You may get dry, chapped or wind-burned skin during certain times of the year. Low humidity caused by overheating during the winter and air conditioning during the summer may also contribute to skin problems. One way to alleviate some irritations may be as simple as changing your brand of soap.

"Some bar soaps can be too drying," said Curtin. "A switch to liquid moisturizing soaps in the winter can be very helpful."

The National Institute on Aging (NIA) offers useful tips to improve the health of your skin. They recommend protecting your skin from sun exposure by using sunscreen, wearing protective clothing and avoiding midday sun. You should also check your skin often for changes in the size, shape, color or feel of birthmarks, moles or spots.

"If you have abnormal looking moles or a spot that bleeds and does not heal, have your skin evaluated by a physician immediately," said Capt. Lynn M. Utecht, Medical Corps, the Navy's specialty leader for dermatology.

The American Academy of Dermatology recommends that older, fair-skinned people have a yearly skin check by their doctor as part of a regular physical exam.

"Ideally, every adult should have a complete skin examination annually, but it is especially important if you have a family history of melanoma (skin cancer), a personal history of severe sunburns and/or you have fair skin and light colored eyes," said Utecht.

The NIA says are three types of products that can be beneficial in preventing skin damage: Ointments, creams and lotions. They are recommended if the Food and Drug Administration (FDA) has approved them as being safe and effective.

"An ointment is the most effective type of moisturizer but the greasy feeling sometimes limits use," said Utecht.

Creams are oil-in-water based and are effective to improve dry skin, but must be used more frequently than ointments.

Lotions contain powder crystals dissolved in water, and, may leave the skin feeling cool and non-greasy.

A regular self-examination is also beneficial.

"The Skin Cancer Foundation website, [www.skincancer.org](http://www.skincancer.org), is an excellent resource to assist you in performing a self-examination of your skin," said Utecht.

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EDITOR'S NOTE - Navy & Marine Corps Medical News will not be published Thanksgiving Week, Nov. 24-30. The

next issue will be published Thursday, Dec. 5, 2002. It will also not be published the week of Dec. 22-28.

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Got news? Navy & Marine Corps Medical News seeks stories and photos about Navy Medicine people, places, ideas, innovations, events. Call the MEDNEWS editor at 202 762-3223 or e-mail [JaKDavis@us.med.navy.mil](mailto:JaKDavis@us.med.navy.mil).

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